

w/D Box 99/1646 \$

In The United States Patent and Trademark Office

APR 09 1999

GROUP 1800

In re Application of: Drmanac, et al.

Group Art Unit: 1646

Assignee: Hyseq, Inc.

Examiner: F. Hamud

Inventors: Drmanac, et al.

Certificate of Mailing Under 37 C.F.R. § 1.8

Application No: 08/968,800

Filed: November 22, 1997

For: A NOVEL EGF MOTIF
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Pursuant to 37 C.F.R. § 1.8, I hereby certify that this paper and all enclosures are being deposited with the United States Postal Service as first class mail on the date indicated below in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Date: April 1, 1999

Type or Print Name of Person Mailing: Carol M. Gruppi

Signature of Person Mailing

RESPONSE TRANSMITTAL LETTER

Box Amendment
Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

APR 12 1999

In response to the Office Action mailed on February 1, 1999, enclosed herewith for filing are the following.

- ☒ Preliminary Amendment (3 pgs)
- ☒ Paper Copy of Sequence Listing (Exhibit A; 12 pgs)
- ☒ Computer Readable Copy of Sequence Listing (Exhibit B; diskette)
- ☒ Statement (Exhibit C; 1pg)
- ☒ Request for Extension of Time (1 Month) to File Response Under 37 C.F.R. § 1.136(a). (original and copy)
- ☒ Response to Restriction Requirement Under 35 U.S.C. § 121. (2 pgs)
- ☒ Please charge the fee for the 1 month extension (\$110.00) to Deposit Account No. 13-0257. Order No. 20411-720.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in this application under 37 C.F.R. Sections 1.16-1.17 or to credit any overpayment, to Deposit Account No. 13-0257. Should no proper payment be enclosed herewith, as by a check being in the wrong account, unsigned, post-date, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 13-0257. This sheet is filed in duplicate.

Fee Calculation Claims

					SMALL ENTITY		OTHER	
Basic Fee	Current Claims		Highest Previous		Rate	Fee	Rate	Fee
Total Claims	51	-	51	= 0	x 11	\$ 0	x 22	\$
Indep. Claims	5	-	5	= 0	x 41	\$ 0	x 82	\$
Multiple Dependent Claim(s):					+ 135	\$ 0	+ 270	\$
					TOTAL:	\$ 0	TOTAL:	\$ 0

Please address all correspondence regarding this communication to the following address:

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Date: April 1, 1999

Respectfully submitted,

McCutchen, Doyle, Brown & Enersen, LLP

By:

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